2009 OCT -6 PM 1: 19

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STATEMENT OF

FORM 1	ORGANIZATION			
				Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
David Nhi	taken far C	Longices I		
ADDRESS (number and street	, Pabax P	57		
(Check if address is changed)				
	Fayette vi	ilile"	AA	12702-0957
	C	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADD	DRESS (Please provide only one o	a-mail address)		1
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COMMITTEE'S WEB PAGE	ADDRESS (URL)	e "		į
(Check if address is changed)	MhitaKer	LOUINGICES	SINCIAIM I	4 : 1 : 1 1 1 1
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2. DATE	01 2007			
3. FEC IDENTIFICATION		andere elle også kan krige. De for a galander bereke		 -
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4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		i .
				
I certify that I have examine	ed this Statement and to the bes	t of my knowledge and belief	f it is true, correct a	nd complete.
Type or Print Name of Treas	surer Terry	D. Jone	3	<u> </u>
Signature of Treasurer	Den 0- (Date 1.0	/ 01 2004
NOTE: Submission of false, ea	rroneous, or incomplete information	may subject the person signin	-	ne penalties of 2 U.S.C. §437g.
Office Use Only		For further information Fedoral Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)